

Letters to the Journal

Letters are welcomed and will be published as space permits. Like other material submitted for publication, they should be typewritten, double-spaced, should be of reasonable length, and will be subject to the usual editing. The accuracy of statements of fact contained in these letters is the responsibility of the correspondent.

Views expressed in Letters to the Journal are those of the writers concerned and are NOT to be interpreted as the opinions of The Canadian Medical Association or of the editors.

PATIENTS RECEIVING ANTICOAGULANT THERAPY

To the Editor:

I would like to advance a suggestion concerning the physician-patient relationship in instances when prolonged anticoagulation therapy is anticipated.

Physicians frequently refrain from maintaining patients on anticoagulants following discharge from hospital, simply because there is insufficient rapport with the patient and his family to render such action safe. The writer is not an exception to this generalization.

Recently I have noticed something a little bit peculiar, an air of mystification and subdued resentment on the part of intelligent patients undergoing anticoagulant therapy in hospital. They recognize an irregular rhythm in the taking of blood tests and, to them, inexplicable changes in the number of pills they receive. This seems both to bother and irritate them.

There is something wrong here; we are not giving these patients our full confidence. On discharge they frequently violate anticoagulant discipline through ignorance, as much as through stubbornness or lack of intelligence. There is a direct parallel here between instruction in the use of insulin and the use of anticoagulants. Even as the diabetic should understand the significance of his urine sugar and his daily insulin dose, so should the patient on anticoagulants be told the details of the significance of his prothrombin time and his daily dose of bishydroxycoumarin (Dicumarol) or warfarin sodium (Coumadin).

There is an opportunity here for the individual physician to increase the understanding he has with his patient and thus to be of greater service to him. However, I do not believe that the physician alone needs to change his policy toward the patient on anticoagulants; the hospital, too, will have to exert a little effort in this direction.

I believe rather strongly that group instruction on the subject of anticoagulation, its uses, peculiarities and its dangers, would be very helpful. Making the acquaintance of others saddled with the prospect of 6-18 months' anticoagulant therapy would likely be helpful in improving patient co-operation. This program should increase the number of patients eligible for anticoagulation outside hospital; it also should reduce the incidence of trouble in maintaining them on such a regimen.

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THE EVANGELICAL MEDICAL MISSIONARIES AID SOCIETY

To the Editor:

The President and Executive of The Evangelical Medical Missionaries Aid Society feel that readers of the Journal should have some information of the aims

and activities of E.M.M.A.S. I would therefore like to report, briefly, some of the activities of the Society.

In addition to the constant sending out of drugs, instruments and equipment to physicians in 46 countries for mission hospitals, we have in the past sent physicians to South America, Africa and India on educational tours, lecturing, operating on patients and in general helping in the many and diverse aspects of medicine and surgery in mission fields.

At present, our committee is again attempting to secure the services of a physician and surgeon to go on one of these educational tours.

I should also mention that there is a Christian Medical Society in Canada with branches in Winnipeg and Vancouver, and an Ontario chapter embracing a number of communities in that province.

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THE FUTURE OF THE HEALTH PROFESSIONS

To the Editor:

I am amazed that the remarks of Mr. Ian W. Outerbridge (*Canad. Med. Ass. J.*, 89: 859 and 959, 1963) have been greeted with such volumes of silence—even beyond the usual period of gestation in this department. If Society in Canada during Canada's second century is to be the one described by Mr. Outerbridge, it is not unlikely that it may be far better to be a manufacturer of shoes than to be a physician. This thought may well have occurred to many physicians already.

When we celebrate our second millenium (by the Gregorian calendar), a study of the occupations of the sons of the physicians of Canada's first century (after Confederation) may well provide some interesting data for sociologists, and food for thought for legislators.

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TELEPHONE ANSWERING SERVICES

To the Editor:

I do not understand why a disgruntled Torontonians should castigate telephone answering services in general because of personal difficulties (*Canad. Med. Ass. J.*, 89: 1199, 1963).

Our local answering service has been efficient and courteous, and I have dropped in to their office unexpectedly and found a group of keenly interested girls.

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